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FAX TRANSMISSION

To	USPTO Commissioner for Patents
Examiner	Kahsay Habte
Fax Number	(571) 273-8300
From	Karen E. Brown
Date	November 16, 2005
Application No.	10/700,936
Attorney Docket No.	VPV02-123US
	Supplemental Amendment
Total Pages	24
Message or Comment	

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence and any documents attached hereto, are being transmitted via facsimile to the United States Patent and Trademark Office, Facsimile Number (571) 273-8300 on November 16, 2005.

Lisa M. Romano

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FAX Number (617) 444-6483 Legal Department

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VPI/02-123 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/700,936
Confirmation No.: 5983
Filing Date: November 4, 2003
Examiner: Kahsay Habte
Group Art Unit: 1624
Applicants: Randy S. Bethiel et al.
For: COMPOSITIONS USEFUL AS INHIBITORS OF JAK AND OTHER
PROTEIN KINASES

November 16, 2005
Cambridge, Massachusetts

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ Supplemental Amendment; ☐ a Petition for Extension of Time; ☐ a substitute Specification; ☐ a Declaration; ☐ a Supplemental Declaration; ☐ a Power of Attorney; ☐ an Associate Power of Attorney; ☐ formal drawings; to be filed in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	0	- 0	* = 0	X \$ 18 = \$ 0
INDEPENDENT CLAIMS	0	- 3	** = 0	X \$ 84 = \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM				+ \$ 280 = \$

* If less than 20, insert 20.

** If less than 3, insert 3.

TOTAL \$ 0

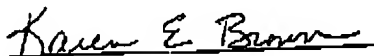
☐ A check in the amount of \$__ in payment of the filing fee is transmitted herewith.

☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

☐ Please charge \$__ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

- ☐ The following extension is applicable to the Response filed herewith; ☐ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- ☐ Please charge the ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00; extension fee to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.



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